

10 TUITION ASSISTANCE REQUESTED

Please note that some fees are not covered.

TYPE of FEE	AMOUNT OF FEE	AMOUNT of TUITION ASSISTANCE REQUESTED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	\$0.00	\$0.00

C. Tuition Assistance Requirements

I (am am not) receiving any educational financing from any other source including VA/GI Bill support, scholarships, or other sources.

I am familiar with the rules of the tuition assistance program.

If approved, I will sign an appropriate contract, if applicable, and will comply with the provisions therein.

Signature

Date

D. Recommendations

Immediate Supervisor

I (**do, do not**) recommend the applicant for the course(s) listed based on the following: *(give a*

Signature

Title

Date

Appointing Authority or Authorized Agent

_____ has sufficient funds to assist. _____ does not have sufficient fund

_____ will absorb the full cost of tuition and allowed fees and books for this request.

_____ will partially fund this request in the amount of \$ _____

Signature

Title

Date